

**62-029617**  
STATE FILE NUMBER

**AMENDED**

Registration District No. 31 Primary Registration District No. 34 Registrar's No. 485

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Oakborough (6 years)</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County, Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>9753 Dennis Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>LESLIE</b> Middle <b>W.</b> Last <b>VIHMEYER</b>		4. DATE OF DEATH Month <b>July</b> Day <b>23</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-12-1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Gen'l Food Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kroger Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>August Viehmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Ema Boyce</b>	14. NAME OF HUSBAND OR WIFE <b>Fay Viehmeyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown natural causes (probably coronary)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(Previous history of treatment at Clinic for heart condition, high blood pressure and artery trouble)</b> DUE TO (c) <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Fay Viehmeyer, 9753 Dennis Drive</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> Month, Day, Year <b>[REDACTED]</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>[REDACTED]</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[REDACTED]</b>	
21. I attended the deceased from <b>[REDACTED]</b> , to <b>[REDACTED]</b> and last saw her alive on <b>[REDACTED]</b> Death occurred at <b>6:48 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>[Signature] Coroner</b>	
22b. ADDRESS <b>Clayton, Missouri</b>		22c. DATE SIGNED <b>7/30/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>
24. FUNERAL DIRECTOR <b>Calvin F. Feutz Funeral Home</b> <b>4828 Natural Bridge Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>7-26-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK**

**OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

### SHOULD READ

## INSTEAD OF

**DATE AMENDED**

**BY AFFIDAVIT OF**

**DOCUMENT**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.